

# MERIT Account and STARS ID Request

Managed Education and Registry Information Tool (MERIT)



Washington State Department of  
**Early Learning**

Department of Early Learning (DEL)

Attn: MERIT -PO Box 40970- Olympia, WA 98504

MERIT Support: [merit.del.wa.gov](http://merit.del.wa.gov) or (866) 482-4325 option 8

Si desea información o esta solicitud en Español, llame al (866) 482-4325, opción 8

DEL Use Only

Rec. \_\_\_\_\_

Inp. \_\_\_\_\_

# \_\_\_\_\_

Use this form to request a STARS ID number and create a MERIT account. **DO NOT** submit this form if you were previously assigned a STARS ID number. To find your STARS ID number and access your MERIT account, visit the MERIT homepage at [merit.del.wa.gov](http://merit.del.wa.gov) or contact MERIT Support. Fields marked with an asterisk (\*) are required.

## SECTION 1: APPLICANT INFORMATION

PLEASE PRINT OR TYPE

*Last name		*First Name	Middle Name
*Street Address			Apartment/Unit #
*City	*County	*State	Zip Code
*Birth date (mm/dd/yyyy) ____/____/____	*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	*Contact Phone (home or work) ( ) ____-____ext ____	Cell Phone ( ) ____-____

If you have a working e-mail account, please complete this same application online at [merit.del.wa.gov](http://merit.del.wa.gov) and receive your STARS ID number immediately.

E-mail \_\_\_\_\_ @ \_\_\_\_\_.

Alternate e-mail \_\_\_\_\_ @ \_\_\_\_\_.

## SECTION 2: EMPLOYMENT INFORMATION

### Licensed provider employment

*Provider ID Number. Usually located at the top left corner of the license; contact your supervisor or licensor for assistance. #	*Name of place of employment <b>as it appears on the license</b> . If a Family Child Care, use the licensee name:	Employment Start Date: mm/dd/yyyy ____/____/____
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**Fill in the job title that most closely describes what you do.** *Required to complete STARS approved training (\*).*

<input type="radio"/> Child Care Center Director*	<input type="radio"/> Family Child Care Provider/Licensee* (Person whose name is on the license)	<b>(School-age sites are licensed only for children 5-12 years old)</b> <input type="radio"/> School-Age Program Director* <input type="radio"/> School-Age Site Coordinator* <input type="radio"/> School-Age Lead Staff or Group Leader* <input type="radio"/> School-Age Child Care Assistant
<input type="radio"/> Child Care Center Program Supervisor*	<input type="radio"/> Family Child Care Primary Worker*	
<input type="radio"/> Child Care Center Lead Teacher*	<input type="radio"/> Family Child Care Assistant	
<input type="radio"/> Child Care Center Assistant or Aide	<input type="radio"/> Other: _____	

### In-home/relative provider employment *(This number is located on the top of the monthly subsidy invoice from DSHS)*

Social Service Payment System (SSPS) Provider Number: #	Employment Start Date: ____/____/____
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## SECTION 3: STATEMENT OF UNDERSTANDING

The information I provided is true and accurate and I authorize DEL to enter it into MERIT, a secure system owned and operated by DEL. Information shared with DEL becomes public record; some information in public records is available to the general public upon request. I understand that:

- DEL will mail me my STARS ID Number, MERIT username and password within 15 business days of receiving my completed application,
- With my MERIT username and password I can view and update my MERIT account online,
- I must provide my STARS ID number to the STARS-approved trainer for any training to be recorded in my MERIT account,
- I will receive a certificate of completion for STARS-approved training from the trainer,
- All forms and documentation sent to DEL become the property of DEL and will not be returned, and
- I am responsible for maintaining original documents for my personal records.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## SECTION 4: EDUCATION/CERTIFICATES/CREDENTIALS/ENDORSEMENTS

You may submit education information to DEL for review and verification. Attach the proper document(s) to this application and send it to DEL so the information can be entered as a permanent part of your MERIT account. The type of education information you would send to DEL are documents such as:

- Copy of original certificate for items such as a Child Development Accreditation (CDA), Montessori credential/endorsement, or 13 Military Modules certificate of completion,\*
- Copy of original document issued **by a college** for items such as endorsements or certificates of achievement, proficiency, completion or recognition,\*
- **Official** transcripts (**cannot be a copy**) from the college to verify completion and award of a degree,\* or
- Transcripts to verify college course completion and credits awarded (must include your name, the college name, dates courses completed and credits earned; official descriptions of the courses must be provided if the course is not a part of the college's Early Childhood Education department)\*

**\*If your current name is not on the documentation, include proof of name change (e.g., marriage certificate).** All forms and documentation that appear to have been **altered** or on which **"white out"** has been used will not be verified under any circumstances.

### Education

Degree/Credential/Certification (AA, BA, MA, CDA, etc.)	Year Received	School or Institution	Major/Subject Area	Expiration (if applicable)

**Educational Exemption** (For Basic 20-hour STARS training) Attach documentation as outlined in Section 4 above.

An educational exemption is not required; it is one way to meet the 20-hour STARS training requirement. If you have already met the requirement, or are going to take the 20-hour STARS training, do NOT apply. To be considered for the exemption, please mark **one** option below and attach documentation that supports that option. We will send a response within 30 calendar days.

### Option #1

I work in a licensed center, family child care home **or** school-age program and have attached documentation of my:

- ☐ 12 college quarter credits specifically identified in Early Childhood Education/Child Development
- ☐ Associates (or higher) Degree in Early Childhood Education/Child Development (Provide **official** transcripts - cannot be a copy)
- ☐ Current Child Development Associate (CDA) credential
- ☐ Montessori credential from a MACTE-accredited Montessori training program
- ☐ Completion of 13 military modules

### Option #2

I work in a program **licensed as a** FAMILY CHILD CARE HOME and have attached documentation of my:

- ☐ Associates (or higher) Degree in school-age care, elementary education, special education or recreation (Provide **official** transcripts - cannot be a copy)

### Option #3

I work in a program **licensed as** SCHOOL-AGE CARE and have attached documentation of my:

- ☐ College degree (associates or higher) in school-age care, elementary education, special education or recreation (Provide **official** transcripts - cannot be a copy)
- ☐ 45 college quarter credits specifically in school-age care, elementary education, special education or recreation
- ☐ [Group leaders only] 12 college quarter credits specifically in school-age care, elementary education, special education or recreation.

## SECTION 5: DEMOGRAPHIC DATA (USED FOR STATISTICAL PURPOSES ONLY)

**Shade all that describe you:** ☐ African American ☐ Eastern European ☐ Indochinese ☐ Latino ☐ Pacific Islander ☐ Alaska

Native ☐ Caucasian ☐ Japanese ☐ Native American ☐ Chinese ☐ Filipino ☐ Korean ☐ Middle Eastern ☐ Other: \_\_\_\_\_

**If it were available, in what language would you prefer to have your training?**

☐ American Sign Language ☐ English ☐ Korean ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Russian ☐ Other: \_\_\_\_\_